

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) Chapter **11**☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>Centennial Housing & Community Services Corp.</u>	
<hr/>			
2.	All other names debtor used in the last 8 years <small>Include any assumed names, trade names and <i>doing business as</i> names</small>	<u>DBA Washington Regional Medical Center</u>	
<hr/>			
3.	Debtor's federal Employer Identification Number (EIN)	<u>84-2516855</u>	
<hr/>			
4.	Debtor's address Principal place of business <u>958 Hwy 64 East</u> <u>Plymouth, NC 27962</u> <small>Number, Street, City, State & ZIP Code</small> <u>Washington</u> <small>County</small>	Mailing address, if different from principal place of business <hr/> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <hr/> <small>Number, Street, City, State & ZIP Code</small>	
<hr/>			
5.	Debtor's website (URL)	<u>washingtonregionalmedical.org</u>	
<hr/>			
6.	Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____
District _____

When _____
When _____

Case number _____
Case number _____

Debtor **Centennial Housing & Community Services Corp.**

Case number (if known)

Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **CAH Acquisition Company #1, LLC**

Relationship

District **EDNC**When **2/19/19**Case number, if known **19-00730-5-JNC**

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Centennial Housing & Community Services Corp.** Case number (if known) _____
Name

16. Estimated liabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 29, 2024**
MM / DD / YYYY**X /s/ Todd Mobley**

Signature of authorized representative of debtor

Todd Mobley

Printed name

Title **Chairman of the Board****18. Signature of attorney****X /s/ Jason L. Hendren**

Signature of attorney for debtor

Date **October 29, 2024**

MM / DD / YYYY

Jason L. Hendren

Printed name

Hendren, Redwine & Malone, PLLC

Firm name

**4600 Marriott Drive
Suite 150
Raleigh, NC 27612**

Number, Street, City, State & ZIP Code

Contact phone **(919) 420-7867**Email address **jhendren@hendrenmalone.com****NC State Bar 26869 NC**

Bar number and State

Fill in this information to identify the case:Debtor name **Centennial Housing & Community Services Corp.**United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 29, 2024****X /s/ Todd Mobley**

Signature of individual signing on behalf of debtor

Todd Mobley

Printed name

Chairman of the Board

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Centennial Housing & Community Services Corp.**
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Abbot Laboratories Attn: Managing Agent P.O. Box 92679 Chicago, IL 60675		Business debt				\$47,815.25
Addison Group Attn: Manaing Agent 7076 Solutions Center Chicago, IL 60677		Business debt				\$206,615.53
American Hospital Assoc. Attn: Managing Agent P.O. Box 92247 Chicago, IL 60675		Business debt				\$4,676.00
Clark Hill Attn: Managing Agent 500 Woodward Ave, Ste 3500 Detroit, MI 48226		Business debt				\$26,137.50
Coltrain Mechanical, Inc. Attn: Managing Agent 1110 Cabin Trail Jamesville, NC 27846		Business debt				\$4,850.00
Cummins Sales and Service Attn: Managing Agent P.O. Box 741295 Atlanta, GA 30384		Business debt				\$7,921.22

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dominion Energy Attn: Managing Agent P.O. Box 100256 Columbia, SC 29202		Utility				\$342,169.48
Favorite Healthcare Staffing, LLC c/o David J. Noonan 32 Tanglewood Road Amherst, MA 01002		Potential breach of contract claim	Disputed			\$220,924.90
GE c/o Michael Bach, Esq. 25 Whitley Drive, Suite 106 Milford, OH 45150		Business debt				\$53,470.85
Lab Corp. of America Attn: Managing Agent P.O. Box 12140 Burlington, NC 27216		Business debt-lawsuit (Wake County Case No. 23 CVD 007959)				\$80,000.00
Marcus Butler c/o Derek Obialo 1415 North Loop West, Ste 1140 Houston, TX 77008		Settlement in Collin Co, TX District Court Case No. 471-05609-2023				\$110,000.00
Microsoft Attn: Managing Agent 1 Microsoft Way Redmond, WA 98052		Business debt				\$4,287.60
Pharmacare Attn: Managing Agent P.O. Box 1240 Blanco, TX 78606		Business debt				\$1,565,138.86
Philips Healthcare Attn: Managing Agent P.O. Box 100355 Atlanta, GA 30384		Business debt				\$755.42
Roanoke Medical Transport Attn: Managing Agent P.O. Box 1308 Walterboro, SC 29488		Business debt				\$3,863.20

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Sysinformation c/o Rich Villa 1801 South MoPac Expressway Ste 320 Austin, TX 78746		Settlement				\$62,000.00
The Rybar Company Attn: Managing Agent 3150 Owen Road Fenton, MI 48430		Accounting services				\$325,000.00
Town of Plymouth Attn: Managing Agent 124 E. Water Street Plymouth, NC 27962		Disputed taxes assessed to non-profit	Disputed			\$80,736.43
Washington County Tax Office Attn: Managing Agent P.O. Box 1007 Plymouth, NC 27962		Disputed taxes assessed to non-profit	Disputed			\$159,883.40
WRMC NC PROPCO LLC Attn: Managing Agent P.O. Box 130H Scarsdale, NY 10583		25 bed hospital located at 958 Hwy 64 East, Plymouth including medical office buildings and office buildings.	Disputed	\$8,163,408.13	\$4,125,000.00	\$4,038,408.13

Fill in this information to identify the case:Debtor name **Centennial Housing & Community Services Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 4,125,000.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 2,845,517.69
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 6,970,517.69

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 8,422,408.13
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 240,619.83
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 3,067,022.15
4. Total liabilities Lines 2 + 3a + 3b	\$ 11,730,050.11

Fill in this information to identify the case:Debtor name **Centennial Housing & Community Services Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****\$0.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **US Bank (CMS Account)****Operating****7994****\$0.00**3.2. **US Bank****Payroll****7952****\$0.00**3.3. **Funds held by management company****\$1,439.40**3.4. **Southern Bank account****Petty cash****3768****\$6,048.45****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,487.85**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Debtor **Centennial Housing & Community Services Corp.** Case number (If known) _____
 Name

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture, medical equipment, etc. located at Washington Regional	Unknown	N/A	\$100,000.00
	Furniture, medical equipment, etc. located at Williamston Primary Care Clinic	Unknown	N/A	\$10,000.00
	Furniture, medical equipment, etc. located at Plymouth Primary Care	Unknown	N/A	\$10,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, printers, two server rooms, security hardware, optical network, phone systems, etc..	Unknown	N/A	\$300,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$420,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (If known) _____

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1. **25 bed hospital located at 958 Hwy 64 East, Plymouth including medical office buildings and office buildings.**

Fee SimpleUnknownAppraisal\$4,125,000.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$4,125,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☒ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

General description**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites
washingtonregionalmedical.org

UnknownUnknown

62. Licenses, franchises, and royalties

Debtor Centennial Housing & Community Services Corp. Case number (If known) _____
 Name

Medicare number, state license, Medicaid
 license

Unknown

Unknown

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Potential Meditech lawsuit

Unknown

Nature of claim

Contract

Amount requested

\$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (if known) _____

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$7,487.85	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,118,029.84	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$300,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$420,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$4,125,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$2,845,517.69	+ 91b. \$4,125,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,970,517.69

Fill in this information to identify the case:Debtor name **Centennial Housing & Community Services Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Change Capital Holdings I, LLC Creditor's Name Attn: Managing Agent 600 Madison Avenue New York, NY 10022 Creditor's mailing address Creditor's email address, if known Date debt was incurred 6/9/2021 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket lien Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00

2.2	Diamond Stone Funding, Inc. Creditor's Name Attn: Managing Agent 1 Paragon Drive Montvale, NJ 07615 Creditor's mailing address Creditor's email address, if known Date debt was incurred 1/12/2023 Last 4 digits of account number	Describe debtor's property that is subject to a lien Future receivables Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$0.00	\$0.00
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Debtor **Centennial Housing & Community Services Corp.**

Case number (if known) _____

Name

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.3 McKesson Corp.**

Creditor's Name

**Attn: Managing Agent
6651 Fate Parkway
Jacksonville, FL
32256-6000**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**7/7/2021****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****\$59,000.00****Unknown****Blanket lien****Describe the lien****UCC-1****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 NFS Leasing, Inc.**

Creditor's Name

**Attn: Managing Agent
900 Cummings Center,
Suite 226U
Beverly, MA 01915**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**7/30/2024****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****Unknown****Unknown****Equipment in Master Lease****Describe the lien****UCC-1 (CA)****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.5 Task Force BPO, LLC**

Creditor's Name

**Attn: Managing Agent
6513 Kingston Pike, Ste
201
Knoxville, TN 37919****Describe debtor's property that is subject to a lien****\$200,000.00****Unknown****Blanket lien**

Debtor **Centennial Housing & Community Services Corp.**

Case number (if known)

Name

Creditor's mailing address

Describe the lien

UCC-1, Knox Co TN lawsuit

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

9/8/2023

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.6 **Thomas W. Waldrep, Ch11 Trustee**

Creditor's Name

**for CAH Acquisition Co. #1, LLC
370 Knollwood Street,
Suite 600
Winston Salem, NC 27103**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Blanket Lien**\$0.00****Unknown**

Describe the lien

UCC-1 (CA)

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

9/29/2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.7 **WRMC NC PROPCO LLC**

Creditor's Name

**Attn: Managing Agent
P.O. Box 130H
Scarsdale, NY 10583**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**25 bed hospital located at 958 Hwy 64 East,
Plymouth including medical office buildings
and office buildings.****\$8,163,408.13****\$4,125,000.00**

Describe the lien

Deed of Trust

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

11/3/2022

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **Centennial Housing & Community Services Corp.**

Case number (if known) _____

Name

☒ No☐ Contingent☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$8,422,408.1

3

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entityBradley D. Piner
Colombo Kitchin Dunn Ball & Porter
1698 E. Arlington Blvd.
Greenville, NC 27858Line 2.7M&T Bank
Attn: Managing Agent or Officer
One M&T Plaza
Buffalo, NY 14203Line 2.4

36254

Debtor	Centennial Housing & Community Services Corp.	Case number (if known)		
Name				

2.3	Priority creditor's name and mailing address NC Dept. of Labor, DES Attn: Managing Agent P.O. Box 26504 Raleigh, NC 27611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Town of Plymouth Attn: Managing Agent 124 E. Water Street Plymouth, NC 27962	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$80,736.43	\$80,736.43
	Date or dates debt was incurred	Basis for the claim: Disputed taxes assessed to non-profit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Washington County Tax Office Attn: Managing Agent P.O. Box 1007 Plymouth, NC 27962	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$159,883.40	\$159,883.40
	Date or dates debt was incurred	Basis for the claim: Disputed taxes assessed to non-profit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address Abbot Laboratories Attn: Managing Agent P.O. Box 92679 Chicago, IL 60675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$47,815.25	\$47,815.25
	Date(s) debt was incurred	Basis for the claim: Business debt		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Centennial Housing & Community Services Corp. <small>Name</small>	Case number (if known) _____
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3.2	Nonpriority creditor's name and mailing address Addison Group Attn: Manaing Agent 7076 Solutions Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206,615.53
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3.3	Nonpriority creditor's name and mailing address Airgas Attn: Managing Agent 1374 N. Broad Street Edenton, NC 27932 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.4	Nonpriority creditor's name and mailing address American Hospital Assoc. Attn: Managing Agent P.O. Box 92247 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,676.00
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3.5	Nonpriority creditor's name and mailing address Clark Hill Attn: Managing Agent 500 Woodward Ave, Ste 3500 Detroit, MI 48226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,137.50
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3.6	Nonpriority creditor's name and mailing address Coltrain Mechanical, Inc. Attn: Managing Agent 1110 Cabin Trail Jamesville, NC 27846 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,850.00
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3.7	Nonpriority creditor's name and mailing address Cummins Sales and Service Attn: Managing Agent P.O. Box 741295 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,921.22
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3.8	Nonpriority creditor's name and mailing address D.S. Swain Gas Co. Attn: Managing Agent 685 NC Hwy 32 S Plymouth, NC 27962 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Centennial Housing & Community Services Corp. <small>Name</small>	Case number (if known) _____
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3.9	Nonpriority creditor's name and mailing address Dobies Healthcare & Assoc. Attn: Managing Agent 110 W 9th Street, Ste 100 Kansas City, MO 64105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.10	Nonpriority creditor's name and mailing address Dominion Energy Attn: Managing Agent P.O. Box 100256 Columbia, SC 29202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$342,169.48
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3.11	Nonpriority creditor's name and mailing address Dysphagia Management Services LLC Attn: Managing Agent 5763 Wilena Place Sarasota, FL 34238 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.12	Nonpriority creditor's name and mailing address EPOWERdoc Inc. Attn: Managing Agent P.O. Box 88218 Atlanta, GA 30356 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.13	Nonpriority creditor's name and mailing address Favorite Healthcare Staffing, LLC c/o David J. Noonan 32 Tanglewood Road Amherst, MA 01002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential breach of contract claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220,924.90
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3.14	Nonpriority creditor's name and mailing address GE c/o Michael Bach, Esq. 25 Whitley Drive, Suite 106 Milford, OH 45150 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,470.85
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3.15	Nonpriority creditor's name and mailing address Huron Consulting Services. LLC Attn: Managing Agent 550 W. Van Buren Street Chicago, IL 60607 Date(s) debt was incurred <u>12/12/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Centennial Housing & Community Services Corp. Name	Case number (if known) _____
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3.16	Nonpriority creditor's name and mailing address Lab Corp. of America Attn: Managing Agent P.O. Box 12140 Burlington, NC 27216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$80,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt- lawsuit (Wake County Case No. 23 CVD 007959)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Marcus Butler c/o Derek Obialo 1415 North Loop West, Ste 1140 Houston, TX 77008 Date(s) debt was incurred <u>6/10/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$110,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement in Collin Co, TX District Court Case No. 471-05609-2023</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Microsoft Attn: Managing Agent 1 Microsoft Way Redmond, WA 98052 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$4,287.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address MXR Imaging, Inc. Attn: Managing Agent 4909 Murphy Canyon Rd, Ste 120 San Diego, CA 92123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt- lawsuit (Court of Common Pleas. Cuyahoga Co., OH CV24 9975 82)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address NC Dept. of Health & Human Services Attn: Legal 1632 Mail Service Center Raleigh, NC 27699 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$120.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address NC Dept. of Labor Attn: Legal 1101 Mail Service Center Raleigh, NC 27699 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address NC Radiation Protection Section Attn: Managing Agent 1645 Mail Service Center Raleigh, NC 27699 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Centennial Housing & Community Services Corp. <small>Name</small>	Case number (if known) _____
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3.23	Nonpriority creditor's name and mailing address Optimum Business Attn: Managing Agent 1111 Stewart Ave Bethpage, NY 11714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$626.34
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3.24	Nonpriority creditor's name and mailing address Pharmacare Attn: Managing Agent P.O. Box 1240 Blanco, TX 78606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,565,138.86
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3.25	Nonpriority creditor's name and mailing address Philips Healthcare Attn: Managing Agent P.O. Box 100355 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$755.42
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3.26	Nonpriority creditor's name and mailing address Republic Media Attn: Managing Agent 2602 Hamrick Court Winterville, NC 28590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.27	Nonpriority creditor's name and mailing address Republic Services Attn: Managing Agent P.O. Drawer 1527 Washington, NC 27889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.28	Nonpriority creditor's name and mailing address Roanoke Medical Transport Attn: Managing Agent P.O. Box 1308 Walterboro, SC 29488 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,863.20
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3.29	Nonpriority creditor's name and mailing address Roanoke Therapy Services, Inc., Attn: Managing Agent P.O. Box 1181 Williamston, NC 27892 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Centennial Housing & Community Services Corp. <small>Name</small>	Case number (if known) _____
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3.30	Nonpriority creditor's name and mailing address SoundSide Group, Inc. Attn: Managing Agent 128 Cypress Road Williamston, NC 27892 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.31	Nonpriority creditor's name and mailing address Sysinformation c/o Rich Villa 1801 South MoPac Expressway Ste 320 Austin, TX 78746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
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3.32	Nonpriority creditor's name and mailing address Terminix Attn: Managing Agent P.O. Box 2587 Fayetteville, NC 28302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.33	Nonpriority creditor's name and mailing address TevoxMD Corporation Attn: Managing Agent P.O. Box 740643 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.34	Nonpriority creditor's name and mailing address The Rybar Company Attn: Managing Agent 3150 Owen Road Fenton, MI 48430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325,000.00
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3.35	Nonpriority creditor's name and mailing address US Med-Equip, LLC Attn: Managing Agent P.O. Box 4339 Houston, TX 77210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.36	Nonpriority creditor's name and mailing address Waystar Attn: Managing Agent 1311 Solutions Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor **Centennial Housing & Community Services Corp.**
Name

Case number (if known)

3.37 Nonpriority creditor's name and mailing address

Whitecap Linen
Attn: Managing Agent
P.O. Box 539
Columbia, NC 27925

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Business debt**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.38 Nonpriority creditor's name and mailing address

Williams Heating & Cooling
Attn: Managing Agent
760 W. Firetower Road, Ste 107
Winterville, NC 28590

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Business debt**Is the claim subject to offset? ☒ No ☐ Yes**Unknown****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Huron Consulting Services. LLC Attn: Managing Agent 3005 Momentum Place Chicago, IL 60689	Line 3.15 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Huron Transaction Advisory, LLC Attn: Managing Agent 550 W. Van Buren Street Chicago, IL 60607	Line 3.15 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 240,619.83
5b. +	\$ 3,067,022.15

5c. \$ **3,307,641.98**

Fill in this information to identify the case:Debtor name **Centennial Housing & Community Services Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Management Services Agreement**

State the term remaining

List the contract number of any government contract _____

**Affinity Health Partners. LLC
Attn: Managing Agent
651 N. Broad Street, Ste 201
Middletown, DE 19709**2.2. State what the contract or lease is for and the nature of the debtor's interest **Employment agreement**

State the term remaining

List the contract number of any government contract _____

**Dr. Bora Duruman
958 US 64
Plymouth, NC 27962**2.3. State what the contract or lease is for and the nature of the debtor's interest **Employment agreement**

State the term remaining

List the contract number of any government contract _____

**Dr. John Meredith
958 US 64
Plymouth, NC 27962**2.4. State what the contract or lease is for and the nature of the debtor's interest **Lease of CT scanner**

State the term remaining

List the contract number of any government contract _____

**NFS Leasing, Inc.
Attn: Managing Agent
900 Cummings Center, Suite 226U
Beverly, MA 01915**

Fill in this information to identify the case:Debtor name **Centennial Housing & Community Services Corp.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Affinity Health Partners. LLC**
Attn: Managing Agent
651 N. Broad Street, Ste 201
Middletown, DE 19709

Huron Consulting Services. LLC

☐ D _____
☒ E/F **3.15**
☐ G _____

2.2 **Affinity Health Partners. LLC**
Attn: Managing Agent
651 N. Broad Street, Ste 201
Middletown, DE 19709

Task Force BPO, LLC

☒ D **2.5**
☐ E/F _____
☐ G _____

2.3 **Affinity Health Partners. LLC**
Attn: Managing Agent
651 N. Broad Street, Ste 201
Middletown, DE 19709

Marcus Butler

☐ D _____
☒ E/F **3.17**
☐ G _____

2.4 **Affinity Health Partners. LLC**
Attn: Managing Agent
651 N. Broad Street, Ste 201
Middletown, DE 19709

Lab Corp. of America

☐ D _____
☒ E/F **3.16**
☐ G _____

Debtor **Centennial Housing & Community Services Corp.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Affinity Health Partners. LLC	Attn: Managing Agent 651 N. Broad Street, Ste 201 Middletown, DE 19709	Change Capital Holdings I, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	Affinity Health Partners. LLC	Attn: Managing Agent 651 N. Broad Street, Ste 201 Middletown, DE 19709	Favorite Healthcare Staffing, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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2.7	Frank Avignone	958 Hwy 64 East Plymouth, NC 27962	Task Force BPO, LLC	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Frank Avignone	958 Hwy 64 East Plymouth, NC 27962	MXR Imaging, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.9	Frank Avignone	958 Hwy 64 East Plymouth, NC 27962	Change Capital Holdings I, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------	---------------------------------------	--------------------------------	--

2.10	Frank Avignone	958 Hwy 64 East Plymouth, NC 27962	Favorite Healthcare Staffing, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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**United States Bankruptcy Court
Eastern District of North Carolina**

In re **Centennial Housing & Community Services Corp.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chairman of the Board** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 29, 2024**Signature **/s/ Todd Mobley**
Todd Mobley

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **Centennial Housing & Community Services Corp.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Chairman of the Board of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 29, 2024**

/s/ Todd Mobley

Todd Mobley/Chairman of the Board

Signer/Title

Abbot Laboratories
Attn: Managing Agent
P.O. Box 92679
Chicago, IL 60675

Coltrain Mechanical, Inc.
Attn: Managing Agent
1110 Cabin Trail
Jamesville, NC 27846

EPOWERdoc Inc.
Attn: Managing Agent
P.O. Box 88218
Atlanta, GA 30356

Addison Group
Attn: Managing Agent
7076 Solutions Center
Chicago, IL 60677

Cummins Sales and Service
Attn: Managing Agent
P.O. Box 741295
Atlanta, GA 30384

Favorite Healthcare Staffing, LLC
c/o David J. Noonan
32 Tanglewood Road
Amherst, MA 01002

Affinity Health Partners. LLC
Attn: Managing Agent
651 N. Broad Street, Ste 201
Middletown, DE 19709

D.S. Swain Gas Co.
Attn: Managing Agent
685 NC Hwy 32 S
Plymouth, NC 27962

Frank Avignone
958 Hwy 64 East
Plymouth, NC 27962

Airgas
Attn: Managing Agent
1374 N. Broad Street
Edenton, NC 27932

Diamond Stone Funding, Inc.
Attn: Managing Agent
1 Paragon Drive
Montvale, NJ 07615

GE
c/o Michael Bach, Esq.
25 Whitley Drive, Suite 106
Milford, OH 45150

American Hospital Assoc.
Attn: Managing Agent
P.O. Box 92247
Chicago, IL 60675

Dobies Healthcare & Assoc.
Attn: Managing Agent
110 W 9th Street, Ste 100
Kansas City, MO 64105

Huron Consulting Services. LLC
Attn: Managing Agent
550 W. Van Buren Street
Chicago, IL 60607

Bankruptcy Administrator, EDNC
434 Fayetteville Street
Suite 640
Raleigh, NC 27601

Dominion Energy
Attn: Managing Agent
P.O. Box 100256
Columbia, SC 29202

Huron Consulting Services. LLC
Attn: Managing Agent
3005 Momentum Place
Chicago, IL 60689

Bradley D. Piner
Colombo Kitchin Dunn Ball & Porter
1698 E. Arlington Blvd.
Greenville, NC 27858

Dr. Bora Duruman
958 US 64
Plymouth, NC 27962

Huron Transaction Advisory, LLC
Attn: Managing Agent
550 W. Van Buren Street
Chicago, IL 60607

Change Capital Holdings I, LLC
Attn: Managing Agent
600 Madison Avenue
New York, NY 10022

Dr. John Meredith
958 US 64
Plymouth, NC 27962

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Clark Hill
Attn: Managing Agent
500 Woodward Ave, Ste 3500
Detroit, MI 48226

Dysphagia Management Services LLC
Attn: Managing Agent
5763 Wilena Place
Sarasota, FL 34238

Lab Corp. of America
Attn: Managing Agent
P.O. Box 12140
Burlington, NC 27216

M&T Bank
Attn: Managing Agent or Officer
One M&T Plaza
Buffalo, NY 14203

NC Radiation Protection Section
Attn: Managing Agent
1645 Mail Service Center
Raleigh, NC 27699

SoundSide Group, Inc.
Attn: Managing Agent
128 Cypress Road
Williamston, NC 27892

Marcus Butler
c/o Derek Obialo
1415 North Loop West, Ste 1140
Houston, TX 77008

NFS Leasing, Inc.
Attn: Managing Agent
900 Cummings Center, Suite 226U
Beverly, MA 01915

Sysinformation
c/o Rich Villa
1801 South MoPac Expressway Ste 202
Austin, TX 78746

McKesson Corp.
Attn: Managing Agent
6651 Fate Parkway
Jacksonville, FL 32256-6000

Optimum Business
Attn: Managing Agent
1111 Stewart Ave
Bethpage, NY 11714

Task Force BPO, LLC
Attn: Managing Agent
6513 Kingston Pike, Ste 201
Knoxville, TN 37919

Microsoft
Attn: Managing Agent
1 Microsoft Way
Redmond, WA 98052

Pharmacare
Attn: Managing Agent
P.O. Box 1240
Blanco, TX 78606

Terminix
Attn: Managing Agent
P.O. Box 2587
Fayetteville, NC 28302

MXR Imaging, Inc.
Attn: Managing Agent
4909 Murphy Canyon Rd, Ste 120
San Diego, CA 92123

Philips Healthcare
Attn: Managing Agent
P.O. Box 100355
Atlanta, GA 30384

TevixMD Corporation
Attn: Managing Agent
P.O. Box 740643
Atlanta, GA 30374

NC Department of Revenue
Attn: Bankruptcy Unit
P.O. Box 1168
Raleigh, NC 27602-1168

Republic Media
Attn: Managing Agent
2602 Hamrick Court
Winterville, NC 28590

The Rybar Company
Attn: Managing Agent
3150 Owen Road
Fenton, MI 48430

NC Dept. of Health & Human Services
Attn: Legal
1632 Mail Service Center
Raleigh, NC 27699

Republic Services
Attn: Managing Agent
P.O. Drawer 1527
Washington, NC 27889

Thomas W. Waldrep, Ch11 Trustee
for CAH Acquisition Co. #1, LLC
370 Knollwood Street, Suite 600
Winston Salem, NC 27103

NC Dept. of Labor
Attn: Legal
1101 Mail Service Center
Raleigh, NC 27699

Roanoke Medical Transport
Attn: Managing Agent
P.O. Box 1308
Walterboro, SC 29488

Town of Plymouth
Attn: Managing Agent
124 E. Water Street
Plymouth, NC 27962

NC Dept. of Labor, DES
Attn: Managing Agent
P.O. Box 26504
Raleigh, NC 27611

Roanoke Therapy Services, Inc.,
Attn: Managing Agent
P.O. Box 1181
Williamston, NC 27892

U.S. Attorney, EDNC
Attn: Civil Process Clerk
150 Fayetteville Street, Suite 2100
Raleigh, NC 27601

US Med-Equip, LLC
Attn: Managing Agent
P.O. Box 4339
Houston, TX 77210

Washington County Tax Office
Attn: Managing Agent
P.O. Box 1007
Plymouth, NC 27962

Waystar
Attn: Managing Agent
1311 Solutions Center
Chicago, IL 60677

Whitecap Linen
Attn: Managing Agent
P.O. Box 539
Columbia, NC 27925

Williams Heating & Cooling
Attn: Managing Agent
760 W. Firetower Road, Ste 107
Winterville, NC 28590

WRMC NC PROPCO LLC
Attn: Managing Agent
P.O. Box 130H
Scarsdale, NY 10583

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **Centennial Housing & Community Services Corp.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Centennial Housing & Community Services Corp.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

October 29, 2024

Date

/s/ Jason L. Hendren

Jason L. Hendren

Signature of Attorney or Litigant

Counsel for **Centennial Housing & Community Services Corp.**

Hendren, Redwine & Malone, PLLC

4600 Marriott Drive

Suite 150

Raleigh, NC 27612

(919) 420-7867 Fax:(919) 420-0475

jhendren@hendrenmalone.com